~ KF	ENTUCKY POLLUTANT DISCHARGE			
	ELIMINATION SYSTEM			
STATE CENT	ED BY KPOES BRANCH			
Jam SC, 2006	FEB -6 P 6: 06			
Man Sum Sum,				
~ Jew	PERMIT APPLICATION			
~				
=== =	A complete application consists of this form and one of the			
	following: Form A, Form B, Form C, Form F, or Short Form C			
Apply for reissual Apply for a construction permit.	Form A, Form B, Form C, Form F, or Smort Form C			
Modify an existing permit.	Form A, Form B, Form C, Form F, or Short Form C For additional information contact:			
	KPDES Branch (502) 564-3410			
0.110.100001101.110011100110011001	AGENCY S O			
L FACILITY LOCATION AND CONTACT INFORMATION	USE () 0 5 4 1 3 19			
A. Name of business, municipality, company, etc. requesting permit				
ATROORI BOARD	To 7 7 0 0 0 0 11			
B. Facility Name and Location	C. Facility Owner/Mailing Address Owner Name:			
Facility Location Name:	Owner Name.			
ASHAND / BOYD COUNTY ALKPORT Facility Location Address (i.e. street, road, etc.):				
Facility Location Address (i.e. street, road, etc.):	Mailing Street:			
501 Scott Street				
Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:			
WORTHTUSTON KY 41183				
OCCUPATION AT THE STATE OF THE	Telephone Number: 606 836 1162			
	000 030 11000			
TO A CITATION DESCRIPTION				
II. FACILITY DESCRIPTION A. Provide a brief description of activities, products, etc:				
A. Provide a brief description of activities, products, etc.				
AZRPORT HANGAR, OFFICE COMPLEX				
B. Standard Industrial Classification (SIC) Code and Description				
Principal SIC Code & Description: V 4581 AZRDORTS, FLY TWS FIELD				
Description: V458 AZRPORTS, FLYTO	5 PELLO			
Other SIC Codes:				
Other Sic Codes.				
III. FACILITY LOCATION				
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for	the site. (See instructions)			
B. County where facility is located:	City where facility is located (if applicable):			
GREENUP	WORTHINGTON			
C. Body of water receiving discharge:				
POND RUN CREEK +O OHTO RIVER				
D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):			
38, 33', 12"	87, 44° 33"			
E. Method used to obtain latitude & longitude (see instructions):				
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):				

IV. OWNER/OPERATOR INFORMAT	ΓΙΟΝ	·		
A. Type of Ownership: Dublicly Owned Privately Ownership	ned X State Owned	Both Public and Pri	vate Owned Federally owned	
B. Operator Contact Information (See inst		Both 1 done and 111	vaic Owned 1 ederany owned	
Name of Treatment Plant Operator: ALROCK BOARD		Telephone Number:	310 11/02	
Operator Mailing Address (Street): 501 5COH SHREE	}		J& 114W	
Operator Mailing Address (City, State, Zip Code):	41183			
Is the operator also the owner? Yes No Z		Is the operator certified? If yes, list certification class and number below.		
Certification Class:		Yes No X		
[·				
V. EXISTING ENVIRONMENTAL PE				
Current NPDES Number: Ky 0054739	Issue Date of Current Peri	mit:	Expiration Date of Current Permit:	
Number of Times Permit Reissued:	Date of Original Permit Issuance:		Sludge Disposal Permit Number:	
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):			
C. Which of the following additional envir	onmental permit/registra	ation categories will al	so apply to this facility?	
CATEGORY	EXISTING PER	RMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE	
Air Emission Source				
Solid or Special Waste				
Hazardous Waste - Registration or Permit				
	abmit DMRs to the Div ves to specifically ident		regular schedule (as defined by the KPDES fice or individual you designate as responsible	
A. Name of department, office or official s	ubmitting DMRs:	BRAD	m ^c GWUIS	
B. Address where DMR forms are to be ser	nt. (Complete only if add	dress is different from	mailing address in Section I.)	
DMR Mailing Name:		, ,	y AZRPORT BOARD	
DMR Mailing Street:	501 Scot		· · · · · · · · · · · · · · · · · · ·	
DMR Mailing City, State, Zip Code:	WORTHING H	N, Ky 4/1	183	
DMR Official Telephone Number:	606 83			

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:		Filing Fee Enclosed:	
NON PRocess	INDUSTRY i	200 xy	

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
BRADLEY A MEGINNIS	606 834 9402
SIGNATURE	DATE:
5 5 5 5 5 5 5 5	2-1-06